



County of Los Angeles – Department of Mental Health

TRAINING APPLICATION FORM

Please Print or Type

Instructions Each training is assigned a unique Course ID number which can be found on the upper right corner of the bulletin page. This number must be used when completing this form. Each individual must complete a separate copy of this form for each he/she wishes to attend. Each applicant must also provide a unique identifying number. For county employees, this is the County Employee Number. All other applicants must provide their first and last initial and the last four (4) digits of their Social Security Number. If the correct information is not provided, the Training and Cultural Competency Bureau will not be responsible for record keeping, and no certificate of attendance will be issued. This form is not to be used for LPS Designation Training. The required form for that training is found elsewhere in this bulletin.			
Training Title			
Training ID (found on upper right corner of bulletin page)		Date (s)	
County Employee Number (non-County employees supply the last four digits of the SSN)			
Name		Indicate if CalWORKs Provider Yes No	
Program, Service or Agency		Contract Provider Reporting Unit Number	
Job Title			
Work Address			
City		Zip Code	
Work Telephone		Fax	Email
License or Credential Number(s) (complete as many as applicable)			
CAADAC	LCSW	LPT	LVN
MD	MFT	Psychologist	RN
Supervisor's Approval (applications will not be processed if supervisor signature is not present on this form) _____ Print Supervisor Name _____ Supervisor's Signature		Return Application to (When faxing, there is no need to use a cover sheet) Training and Cultural Competency Bureau Department of Mental Health County of Los Angeles 550 S. Vermont Ave., 6 th Floor Rm. 605 Los Angeles, CA 90020 Fax: (213) 351-2026 Phone: (213) 738-2318	